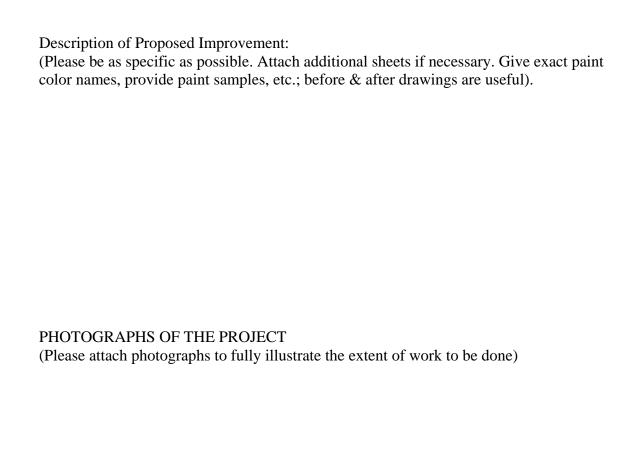
## Town of Vinton Downtown Façade Grant Program Application

DATE OF SUBMISSION:		
APPLICANT:		
PLEASE INDICATE IF YOU AR THE PROPER	TY OWNER( CIRC	LE ONE): YES NO
IF YOU ARE NOT THE PROPERTY OWNER, I THE PROPERTY OWNER STATING YOU HAV		
LOCATION:		
MAILING ADDRESS:		
TAX MAP#	BUSINESS PHONE:	
Email (if applicable)	<del>_</del>	
Type of Improvements. Check all that app	oly.	
Sign Landscaping		Site Accessories
Lighting Façade Renovation		
Other		
Please provide a brief description of work	to be done:	
Estimated Project Start Date:		
Expected Completion Date:		
Estimated Total Cost of Improvements:	\$	_ + 10% contingency
Total Grant Amount Requested		_ Not to exceed \$5,000
Signature:		
Business Name/DBA:		



## OWNER'S CONSENT FORM

I,	, certify that I own the property
located at	
in Vinton, Virginia, and	that I have reviewed the application for the Vinton Commercial
Facade Improvement	Grant Program submitted by
and that I fully support t	his application.
I further certify that this	person or business holds a valid lease ofyear(s) with
an expiration date of	<del>.</del>
	Signature
	Print Name
	Mailing Address
	Telephone #